

ATA: Paul Baker

LD
Form MD-SMO
(Revised June 29, 2011)

Title Section for UDOM USE:

Assigned DOGM File No.: S/O 23/0087

DOGM Lead: Wayne

Permit Fee \$ _____ Ck# _____

TASK: 4775, 4855

RECEIVED

MAY 18 2012

DIV. OF OIL, GAS & MINING

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING
1594 West North Temple Suite 1210
Box 145801
Salt Lake City, Utah 84114-5801
Telephone: (801) 538-5291 Fax: (801) 359-3940

NOTICE OF INTENTION TO COMMENCE SMALL MINING OPERATIONS

The information requirements of this form are based on provisions of the Mined Land Reclamation Act, Title 40-8, Utah Code Annotated 1987, and the General Rules as promulgated under the Utah Minerals Regulatory Program (R647). The rules and Act are available online at <http://www.rules.utah.gov/publicat/code/r647/r647.htm> and http://le.utah.gov/~code/TITLE40/40_08.htm.

Cultural Resources Survey: To fulfill its obligations under Utah Code Annotated 9-8-404, the Division needs cultural resource (archaeology) information. The amount and type of information required will depend on the mine location, the history of previous disturbance, and other factors. Please contact the Division for further information.

A permit fee of \$150 or \$500 must accompany this application (Utah Code Ann. §40-8-7(1)(i)) and is due annually. The fee is \$150 for a mine with a disturbed area of five acres or less, and the fee is \$500 if the disturbed area is between five and ten acres.

"Small Mining Operations" are operations which have a disturbed area of ten or fewer surface acres at any time in unincorporated areas, or five acres or fewer in incorporated areas.

I. GENERAL INFORMATION (Rule R647-3-104)

1. Name of Mine: Quich
2. Operator Name: WALL & ROCK, INC

Mailing Address: P.O. Box 826
City, State, Zip: PLEASANT GROVE, UT 84062
Phone: 801-344-5100 Fax: _____
E-mail Address: todd@computersales.com

Type of Business: Corporation (☒) LLC (☐) Sole Proprietorship (dba) (☐)
General Partnership (☐) Limited Partnership (☐) Individual (☐)

Business Entity (not individuals) must be registered (and maintain registration) with the State of Utah, Division of Corporations (DOC) if not currently registered, contact www.commerce.utah.gov to renew or apply. Business Entity #: 0808615-0142

Local Business License #: _____ (if required)
Issued by: County: _____ or City: _____

3. Contact Person(s):

Registered Utah Agent (as identified with the Utah DOC) (if individual, leave blank):

Name: Todd White Title: Pres.
Address: P.O. Box 826
City, State, Zip: Pleasant Grove, UT, 84062
Phone: 801-344-5100 Fax: _____
E-mail Address: todd@computersales.com

I.3. Contact Person(s) (continued):

This person to be notified for: permitting (☒) surety (☒) (check all that apply)

Name: Todd Wilhite Title: Pres.
Address: P.O. Box 826
City, State, Zip: Pleasant Grove, UT, 84062
Phone: 801-344-5700 Fax: _____
Emergency, Weekend, or Holiday Phone: Same
E-mail Address: Todd@compusersales.com

This person to be notified for: permitting (☐) surety (☐) (check all that apply)

Name: _____ Title: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
Emergency, Weekend, or Holiday Phone: _____
E-mail Address: _____

4. If Business is a Sole Proprietor (dba) or Individual:

Name of Owner: _____ Title: _____
Business Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
E-mail Address: _____

If Business is a Corporation:

Name of Officers: Todd Wilhite Title: Pres.
Name: Rick Faynes Title: Sec.
Name: _____ Title: _____
Name: _____ Title: _____

Headquarters Address: P.O. Box 826
City, State, Zip: Pleasant Grove, UT 84062
Phone: 801-344-5700 Fax: _____
E-mail Address: Todd@compusersales.com

If Business is a Limited Liability Company: Member Managed (☐) Manager Managed (☐)

Name of 1st Member/Manager: _____ Title: _____
Business Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
E-mail Address: _____

Name of 2nd Member/Manager: _____ Title: _____
Business Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
E-mail Address: _____

If Business is a Partnership:

Names of Partners: _____
Business Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
E-mail Address: _____